

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819510

FILED
Feb 14, 2006
Secretary of State

Entity Name: CIM INSURANCE CORPORATION

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
STE. 200
SOUTHFIELD, MI 48034 US

New Principal Place of Business:

Current Mailing Address:

300 GALLERIA OFFICENTRE
STE. 200
SOUTHFIELD, MI 48034 US

New Mailing Address:

FEI Number: 13-6194249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOLL, WILLIAM B
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: SVPD () Delete
Name: CALLAHAN, THOMAS
Address: 400 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: VD () Delete
Name: PFLIEGAL, DEBORAH M
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: T () Delete
Name: MORTENSEN, JAMES W
Address: 300 GALLERIA OFFICENTRE STE. 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: S () Delete
Name: QUENNEVILLE, CATHY L
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48265

Title: AS () Delete
Name: DONNAY, ROBERT L
Address: 300 GALLERIA OFFICENTRE, STE 200
City-St-Zip: SOUTHFIELD, MI 48034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FRANKLIN, ALAN P
Address: 300 GALLERIA OFFICENTRE STE. 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. DONNAY

AS

02/14/2006

Electronic Signature of Signing Officer or Director

Date